TEXAS GAS
TRANSMISSION, LLC

3800 Frederica Street
P.O. Box 20008
Owensboro, KY 42304-0008
270/926-8686

April 30, 2009

Kentucky Department for Environmental Protection
Surface Water Permits Branch
Permit Support Section
200 Fair Oaks
Frankfort, KY 40601

RE: KPDES No. KY0074403
Texas Gas Transmission, LLC
Slaughters Compressor Station
Webster County, Kentucky

Dear Sir/Madam:

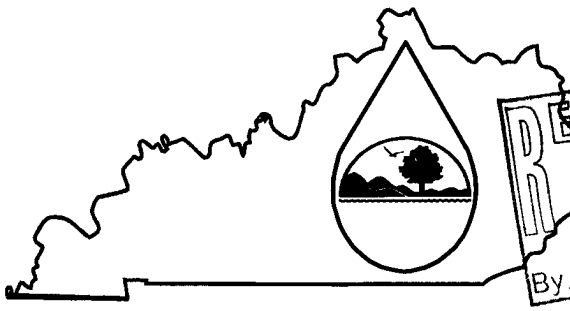
Enclosed are Form 1, Form SC, Form F, and the filing fee (Check Number 036069 for $200.00) pertaining to the Texas Gas Transmission, LLC's application for the renewal of the above-referenced permit. Please contact me at (270) 688-6953 or at Doug.Webster@bwpmlp.com if you have any questions or need additional information.

Sincerely,

Doug Webster
Senior Environmental Specialist

KPDES FORM 1

AI# 44327



RECEIVED
MAY 04 2009
By

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
- ☒ Apply for reissuance of expiring permit.
- ☐ Apply for a construction permit.
- ☐ Modify an existing permit.
  Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:
Form A, Form B, Form C, Form F, or Short Form C

For additional information contact:
KPDES Branch (502) 564-3410

CK 200

I. FACILITY LOCATION AND CONTACT INFORMATION	AGENCY USE	0	0	7	4	4	0	3

A. Name of business, municipality, company, etc. requesting permit
Texas Gas Transmission, LLC

B. Facility Name and Location	C. Facility Owner/Mailing Address
Facility Location Name: Slaughters Compressor Station	Owner Name: Texas Gas Transmission, LLC
Facility Location Address (i.e. street, road, etc.): 3562 KY 1405	Mailing Street: 3800 Frederica Street
Facility Location City, State, Zip Code: Slaughters, KY 42456	Mailing City, State, Zip Code: Owensboro, KY 42301
	Telephone Number: (270) 926-8686

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc: Natural Gas Compressor Station

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description:	4922 - Transmission of Natural Gas		
Other SIC Codes:			

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 ½ minute quadrangle map for the site. (See instructions)

B. County where facility is located: Webster	City where facility is located (if applicable): Slaughters
C. Body of water receiving discharge: East Fork Deer Creek and Sugar Camp Creek thence to Deer Creek thence to the Green River	
D. Facility Site Latitude (degrees, minutes, seconds): 37 Degrees 30 Minutes 30 Seconds	Facility Site Longitude (degrees, minutes, seconds): 87 Degrees 30 Minutes 00 Seconds
E. Method used to obtain latitude & longitude (see instructions):	USGS Topographic Map
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):	06-168-7421

IV. OWNER/OPERATOR INFORMATION

A. Type of Ownership:
☐ Publicly Owned ☒ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

B. Operator Contact Information (See instructions)

Name of Treatment Plant Operator:	Telephone Number:
Texas Gas Transmission, LLC	(270) 926-8686
Operator Mailing Address (Street): 3800 Frederica Street	
Operator Mailing Address (City, State, Zip Code): Owensboro, KY 42301	
Is the operator also the owner? Yes ☒ No ☐	Is the operator certified? If yes, list certification class and number below. Yes ☒ No ☐
Certification Class: Wastewater I	Certification Number: 10170

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:	Issue Date of Current Permit:	Expiration Date of Current Permit:
KY0074403	June 01, 2005	November 30, 2009
Number of Times Permit Reissued:	Date of Original Permit Issuance:	Sludge Disposal Permit Number:
Kentucky DOW Operational Permit #:	Kentucky DSMRE Permit Number(s):	

C. Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	G-04-001 Revision 1	
Solid or Special Waste	NA	
Hazardous Waste - Registration or Permit	KYD980589311	

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). The information in this section serves to specifically identify the department, office or individual you designate as responsible for submitting DMR forms to the Division of Water.

A. Name of department, office or official submitting DMRs:	Environmental Compliance and Remediation (Doug Webster)
B. Address where DMR forms are to be sent. (Complete only if address is different from mailing address in Section I.)	
DMR Mailing Name:	Texas Gas Transmission, LLC
DMR Mailing Street:	3800 Frederica Street
DMR Mailing City, State, Zip Code:	Owensboro, KY 42301
DMR Official Telephone Number:	(270) 926-8686

VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

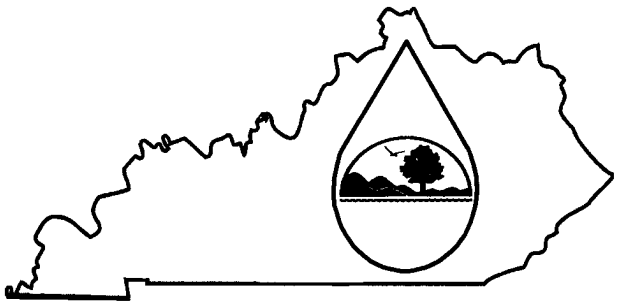
Facility Fee Category:	Filing Fee Enclosed:
Non-Process Industry	$200

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
David Goodwin -VP Compliance & Ops Services	(713) 479-8235
SIGNATURE 	DATE: 4/24/09

KPDES FORM SC



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: **Texas Gas Transmission, LLC; Slaughters Compressor Station**

I. FACILITY DISCHARGE FREQUENCY | AGENCY USE

A. Do discharge(s) occur all year? Yes ☒ No ☐
(Complete Item IX for intermittent discharges.)

B. How many days per week? | 001 – Varies with rainfall; 002 - Daily

II. A. Give the basis of design for sizing of the wastewater facility (see instructions): 001 – designed to treat and discharge 10 GPM; 002 – sanitary treatment plant designed to accommodate station complement of employees.

B. If new discharger, indicate anticipated discharge date:

C. Indicate the design capacity of the treatment system: | Outfall 001 – 0.014; Outfall 002 – 0.01 MGD

III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
001	37	30	35	87	30	05	East Fork Deer Creek
002	37	30	35	87	30	05	Sugar Camp Creek

Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.) | USGS Topographic Map Coordinates

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)
If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
001	Rainwater seepage into basements.	Varies depending on rainfall	**Fiber Filtration	XX
	Boiler water/Air system condensate	2000 gal/yr	Carbon Absorption	2-A
	Internal building surface washdowns	Est. 1500-2000 gal/wash event		
002	Sanitary Discharge	2,000 gal/day	Sand Filtration	1-V
			Disinfection (Chlorine)	2-F

**NOTE: Solid wastes, including filters, are landfilled or incinerated following RCRA characterization.

V. Check the type(s) of wastewater discharged.

- ☒ Domestic (60% or more sanitary sewage) **OUTFALL 002**
- ☐ Oil field waste
- ☐ Noncontact cooling water
- ☒ Other (list): Non-process industrial wastewater from Outfall 001; hydrotest test water (See Comment 1 on Attachment SC-1)

VI. Does all water used at facility (except for human consumption) flow to a treatment plant? ☐ **Yes** ☒ **No**

VII. Discharge to other than surface waters. Check appropriate location: N/A

- ☐ Publicly-owned lake or impoundment Name of lake:
- ☐ Publicly-owned treatment works (POTW). Name of POTW:
- ☐ Land application of Effluent
- ☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well
- ☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

N/A

☐	Antimony		☐	Copper		☐	Silver	
☐	Arsenic		☐	Lead		☐	Thallium	
☐	Beryllium		☐	Mercury		☐	Zinc	
☐	Cadmium		☐	Nickel		☐		
☐	Chromium		☐	Selenium		☐		

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)		
A. Number of bypass points:	N/A	(If bypass points are indicated, information below must be completed for each bypass.)

Check when bypass occurs:	☐ Wet Weather	☐ Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points: **N/A** (If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs:	☐ Wet Weather	☐ Dry Weather
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points	**N/A**
Give the number of times discharge occurs per year	
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	

X. AREA SERVED (see instructions)

NAME	ACTUAL POPULATION SERVED
Outfall 002 – 2 company offices, breakroom, shower rooms, and restrooms.	15-20
TOTAL POPULATION SERVED	15-20

(PLEASE COMPLETE THIS PAGE IF OTHER THAN DOMESTIC WASTEWATER IS DISCHARGED)

XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS - OUTFALL 001 (Industrial Wastewater Filter)

Additive	Composition	Concentration (mg/L)
Ethylene Glycol		500,000 mg/L
Confidence 10C	See attached MSDS	500 mg/L

XII. EFFLUENT CHARACTERISTICS - OUTFALL 001 (Industrial Wastewater Filter)

A. Indicate results of analysis for pollutants listed below.

POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD_5	4.0 mg/L	4.0 mg/L	1
TOTAL SUSPENDED SOLIDS	13.0 mg/L	7.5 mg/L	6
FECAL COLIFORM	See Comment 4 in Attachment SC-1.		
TOTAL RESIDUAL CHLORINE	See Comment 4 in Attachment SC-1.		
OIL AND GREASE	2.9 mg/L	1.4 mg/L	6
CHEMICAL OXYGEN DEMAND	12 mg/L	12 mg/L	1
TOTAL ORGANIC CARBON	See Comment 4 in Attachment SC-1.		
AMMONIA	See Comment 4 in Attachment SC-1.		
DISCHARGE FLOW	6,100 gallons	4,300 gallons	6
pH	7.7 std. units	7.1 std. units	5
TEMPERATURE (WINTER)		Ambient	
TEMPERATURE (SUMMER)		Ambient	

B. Frequency and duration of flow:	Dependent upon rainfall – Maximum flow is 14,400 gallons per 24 hour period.

XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
David Goodwin -VP Compliance & Ops Services	(713) 479-8235
SIGNATURE 	DATE 4/24/05

Attachment SC-1

Texas Gas Transmission, LLC

Slaughters Compressor Station

KPDES No.: KY0074403

Comment 1: Texas Gas requests that discharges from hydrostatic tests conducted within the station yard be re-permitted in accordance with the terms of existing permit KY0074403.

Comment 2: Confidence 10C is used as a corrosion inhibitor in the boiler water system. The boiler system typically operates as a closed loop. However, either via upsets or periodic draining of the boiler, boiler system water occasionally enters the wastewater collection system.

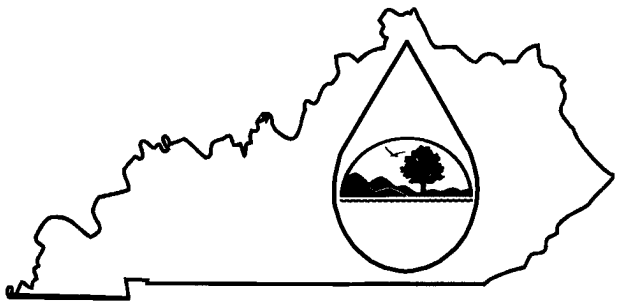
Comment 3: Engine cooling systems are typically operated as a closed loop system. Upsets of this system may introduce cooling water into the industrial wastewater collection system. Should this occur, the industrial wastewater will either be (1) evaporated using the facility's industrial wastewater evaporator or (2) hauled off for proper treatment and disposal.

Comment 4: Texas Gas requests that the Division of Water waive the requirements for testing Outfall 001 for the following pollutants:

Fecal Coliform
Total Residual Chlorine
Ammonia (as N)
Total Organic Carbon

Outfall 001 is the filtered industrial wastewater resulting primarily from rainwater seepage into basements. The above tests are more appropriate for sanitary wastewater systems.

KPDES FORM F



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, Contact KPDES Branch, (502) 564-3410.

I. OUTFALL LOCATION | AGENCY USE

For each outfall list the latitude and longitude of its location to the nearest 15 seconds and name the receiving water.

A. Outfall Number	B. Latitude			C. Longitude			D. Receiving Water (name)
003	37 deg	30'	35"	87 deg	30'	05"	East Fork Deer Creek
004	37 deg	30'	35"	87 deg	30'	05"	East Fork Deer Creek
005	37 deg	30'	35"	87 deg	30'	05"	Sugar Camp Creek

II. IMPROVEMENTS

A. Are you now required by any federal, state, or local authority to meet any implementaiton schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

1. Identification of Conditions, Agreements, Etc.	2. Affected Outfalls No.	Source of Discharge	3. Brief Description of Project	4. Final Compliance Date a. req.	b. proj.
N/A					

B. You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

III. SITE DRAINAGE MAP

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfall(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each know past or present areas used for outdoor storage or disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage of disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which receive storm water discharges from the facility.

Revised June 1999

IV. NARRATIVE DESCRIPTION OF POLLUTANT SOURCES

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
003	1.44 Acres	9.08 Acres	004	1.25 Acres	17.79 Acres
005	0.19 Acre	8.10 Acres			

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas; and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

See Attachment F-1.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table F-1
003-005	No treatment via structural or non-structural controls	XX

V. NON-STORM WATER DISCHARGES

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of non-storm water discharges, and that all non-storm water discharges from these outfall(s) are identified in either an accompanying Form C or Form SC application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
David Goodwin -VP Compliance & Ops Services	David Goodwin	4/24/99

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

No testing conducted. Certification based on historical evaluations of the station for KPDES program.

VI. SIGNIFICANT LEAKS OR SPILLS

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

See Attachment F-1.

VII. DISCHARGE INFORMATION

A,B,C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided. Tables F-1, F-2, and F-3 are included on separate pages.

E: Potential discharges not covered by analysis - is any toxic pollutant listed in Table F-2, F-3, or F-4, a substance which you currently use or manufacture as an intermediate or final product or by product.

☒ Yes (list all such pollutants below) ☐ No (go to Section IX)

A list of the pollutants includes, but is not limited to, the following: asbestos (transite siding), various metals in paints, molybdates in cooling water additives, various organic fractions in solvents, oil, paint thinners, and paints (examples are toluene, ethylbenzene, methlyene chloride, etc.)

VIII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (list all such results below) ☒ No (go to Section IX)

IX. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in item VII performed by a contract laboratory or consulting firm?

☒ Yes (list the name, address and telephone number of, and pollutants analyzed by each such laboratory or firm below; use additional sheets if necessary).

☐ No (go to Section IX)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed
McCoy & McCoy Laboratories, INC	825 Industrial Drive Madisonville, KY 42431	(270) 821-7375	All pollutants except pH.

X. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations.

NAME & OFFICIAL TITLE (type or print)	AREA CODE AND PHONE NO.
David Goodwin -VP Compliance & Ops Services	(713) 479-8235
SIGNATURE	**DATE SIGNED**
David Goodwin	4/24/09

VII. DISCHARGE INFORMATION			OUTFALL NO: 003			

Part A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During 1st 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1st 20 Minutes	Flow-weighted Composite		
Oil and Grease	2.1 mg/L	N/A	0.7 mg/L	N/A	33	
Biological Oxygen Demand BOD_5	3.0 mg/L	N/A			1	
Chemical Oxygen Demand (COD)	19.0 mg/L	N/A			1	
Total Suspended Solids (TSS)	154.0 mg/L	N/A	18.8 mg/L	N/A	33	
Total Kjeldahl Nitrogen	<1.0 mg/L	N/A			1	
Nitrate plus Nitrite Nitrogen	0.1 mg/L	N/A			1	
Total Phosphorus	0.45 mg/L	N/A			1	
pH	Minimum 6.5	Maximum 9.1	Minimum	Maximum	32	

Part B - List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's KPDES permit for its process wastewater (if the facility is operating under an existing KPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During 1st 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1st 20 Minutes	Flow-weighted Composite		
N/A						

Part C - List each pollutant shown in Tables F-2, F-3, and F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During 1st 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1st 20 Minutes	Flow-weighted Composite		
N/A						

Part D - Provide data for the storm event(s) which resulted in the maximum values for the flow-weighted composite sample.

1. Date of Storm Event	2. Duration of Storm Event (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event (gal/min or specify units)	6. Total flow from rain event (gallons or specify units)
12-09-2008	420 minutes	1.3 inches	144 hours	0.04 mgd	11,666 gallons

7. Provide a description of the method of flow measurement or estimate.

Flow was measured by timing the number of seconds taken to fill a graduated container from water flowing through a weir at the outfall.

VII. DISCHARGE INFORMATION	OUTFALL NO: 004

Part A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During 1st 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1st 20 Minutes	Flow-weighted Composite		
Oil and Grease	2.1 mg/L	N/A	0.5 mg/L	N/A	32	
Biological Oxygen Demand BOD_5	2 mg/L				1	
Chemical Oxygen Demand (COD)	13 mg/L				1	
Total Suspended Solids (TSS)	803 mg/L	N/A	57.3 mg/L	N/A	32	
Total Kjeldahl Nitrogen	<1.0 mg/L				1	
Nitrate plus Nitrite Nitrogen	0.361 mg/L				1	
Total Phosphorus	<0.49 mg/L				1	
pH	Minimum 6.6	Maximum 8.5	Minimum	Maximum	31	

Part B - List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's KPDES permit for its process wastewater (if the facility is operating under an existing KPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During 1st 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1st 20 Minutes	Flow-weighted Composite		
N/A						

Part C - List each pollutant shown in Tables F-2, F-3, and F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During 1st 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1st 20 Minutes	Flow-weighted Composite		
N/A						

Part D - Provide data for the storm event(s) which resulted in the maximum values for the flow-weighted composite sample.

1. Date of Storm Event	2. Duration of Storm Event (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event (gal/min or specify units)	6. Total flow from rain event (gallons or specify units)
12-09-2008	420 minutes	1.3 inches	144 hours	0.11 mgd	32,083 gallons

7. Provide a description of the method of flow measurement or estimate.

Flow was measured by timing the number of seconds taken to fill a graduated container from water flowing through a weir at the outfall.

VII. DISCHARGE INFORMATION			OUTFALL NO: 005			
Part A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.						
Pollutant and CAS Number (if available)	**Maximum Values (include units)**		**Average Values (include units)**		**Number of Storm Events Sampled**	**Sources of Pollutants**
	Grab Sample Taken During 1st 20 Minutes	**Flow-weighted Composite**	**Grab Sample Taken During 1st 20 Minutes**	**Flow-weighted Composite**		
Oil and Grease	7.9 mg/L	N/A	0.7 mg/L	N/A	31	
Biological Oxygen Demand BOD_5	3.0 mg/L				1	
Chemical Oxygen Demand (COD)	24 mg/L				1	
Total Suspended Solids (TSS)	68 mg/L	N/A	13 mg/L		31	
Total Kjeldahl Nitrogen	2.58 mg/L				1	
Nitrate plus Nitrite Nitrogen	0.5 mg/L				1	
Total Phosphorus	0.76 mg/L				1	
pH	Minimum 6.8	Maximum 8.6	Minimum	Maximum	30	

Part B - List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's KPDES permit for its process wastewater (if the facility is operating under an existing KPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

Pollutant and CAS Number (if available)	**Maximum Values (include units)**		**Average Values (include units)**		**Number of Storm Events Sampled**	**Sources of Pollutants**
	Grab Sample Taken During 1st 20 Minutes	**Flow-weighted Composite**	**Grab Sample Taken During 1st 20 Minutes**	**Flow-weighted Composite**		
N/A						

Part C - List each pollutant shown in Tables F-2, F-3, and F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During 1st 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1st 20 Minutes	Flow-weighted Composite		
N/A						

Part D - Provide data for the storm event(s) which resulted in the maximum values for the flow-weighted composite sample.

1. Date of Storm Event	2. Duration of Storm Event (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event (gal/min or specify units)	6. Total flow from rain event (gallons or specify units)
12-09-2008	420 minutes	1.3 inches	144 hours	0.08 mgd	23,333 gallons

7. Provide a description of the method of flow measurement or estimate.

Flow was measured by timing the number of seconds taken to fill a graduated container from water flowing through a weir at the outfall.

Attachment F-1

Texas Gas Transmission, LLC

Slaughters Compressor Station

KPDES No.: KY0074403

Section IV. Narrative Description of Pollutant Sources

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas; and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

The Slaughters Compressor Station is not currently nor has it in the past three years treated, stored, or disposed of significant materials in a manner to allow exposure to stormwater. The station generates or utilizes and bulk stores various finished product materials for equipment operation in aboveground tanks, including scrubber fluid (natural gas condensate), lube oil, and ethylene glycol. In addition, smaller quantities of lube oils, mineral spirits, paints, pipe coating materials, soaps, and detergents are stored in 1 to 55 gallon containers at various locations on the site for routine station operations. Under normal operating conditions, these materials are securely stored in covered buildings or equipment sheds until use or disposal. Material storage, transfer, and use are currently addressed under the station's SPCC Plan, Groundwater Protection Plan, KPDES-required Best Management Plan (BMP), and RCRA Contingency Plan.

The majority of station natural gas transmission operations are conducted within a fenced area. Pesticides, herbicides, and soil conditioners or fertilizers, if utilized, are applied in accordance with product labels. Rocked or graveled areas of the plant totaling some 338,000 square feet or 7.75 acres are treated semi-annually with herbicides to control weed and vegetation growth. Approximately 25 acres of grassed site areas are treated annually with a broadleaf herbicide and fertilized. Offices and other structures may be treated with pesticides on an as-needed basis. Where possible, all herbicides and fertilizers are applied by truck. In areas with limited access, these materials are applied by hand.

Section VI. Significant Leaks or Spills

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

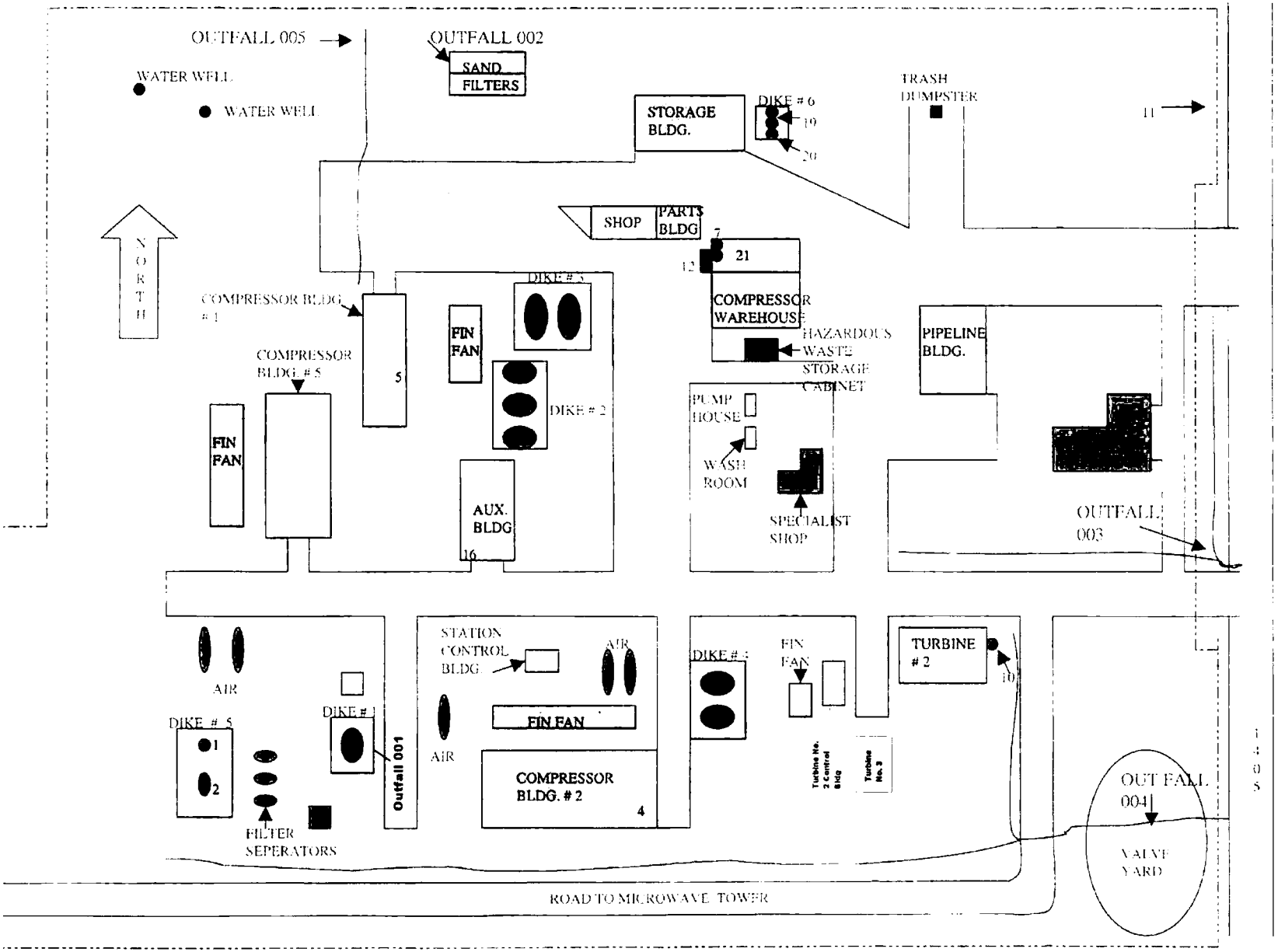
There were no significant leaks or spills at the Slaughters Compressor Station during the past three years.

SITE SPECIFIC STORAGE ACTIVITIES
TEXAS GAS TRANSMISSION, LLC
SLAUGHTERS COMPRESSOR STATION

Item No.	Description	Size (Gal)	Quantity	Secondary Containment
1	Pipeline Fluids Settling Tank (Dike No. 5)	2,117	1	Concrete dike w/concrete floor
2	Pipeline Fluids Storage Tank (Dike No. 5)	4,293	1	Concrete dike w/concrete floor
3	Industrial Wastewater Tank (Dike No. 1)	6,500	1	Double Wall Tank; Concrete dike w/concrete floor
4	Lube Oil Reclaim Tank	1,600	1	Tank is in building basement
5	Lube Oil Reclaim Tank	1,000	1	Tank is in building basement
6	Industrial Wastewater Tank (Dike No. 4)	6,500	1	Concrete dike w/concrete floor
7	Hazardous and nonhazardous waste drum storage area	55	6-8	Under Cover on Spill Pallets
8	Hazardous Waste Storage Cabinet	55	24	Cabinet is enclosed and has secondary containment.
9	Not Assigned			
10	Air Compressor Condensate Drums	55	1	None
11	Not Assigned			
12	Waste Dumpsters	2.5 cu yds	2	Not Applicable
13	Glycol Storage Tank (Dike No. 3)	11,950	1	Concrete dike w/concrete floor
14	Turbine Lube Oil Storage Tank (Dike No. 4)	6,000	1	Concrete dike w/concrete floor
15	Lube Oil Storage Tank (Dike No. 3)	12,000	1	Concrete dike w/concrete floor
16	Hydraulic oils/gas treatment chemical drums	55	2-3	Inside Auxiliary Building
17	Lube Oil Drums	55	3-4	Inside Compressor Buildings and Turbine Building
19	Gasoline Tank	310	1	Concrete dike w/concrete floor
20	Diesel Tank	250	1	Concrete dike w/concrete floor
21	Degreaser/Misc. Drums	55	1-3	Under cover on Spill Pallets
22	PVG Oil Storage Tank (Dike No. 2)	625	1	Double Wall Tank; Concrete dike w/concrete floor
23	Pure Glycol/Mixed Glycol Storage Tank (Dike No. 2)	4,400	1	Double Wall Tank; Concrete dike w/concrete floor
24	Lube Oil/Waste Oil Storage Tank (Split Tank) (Dike # 2)	4,400	1	Double Wall Tank; Concrete dike w/concrete floor

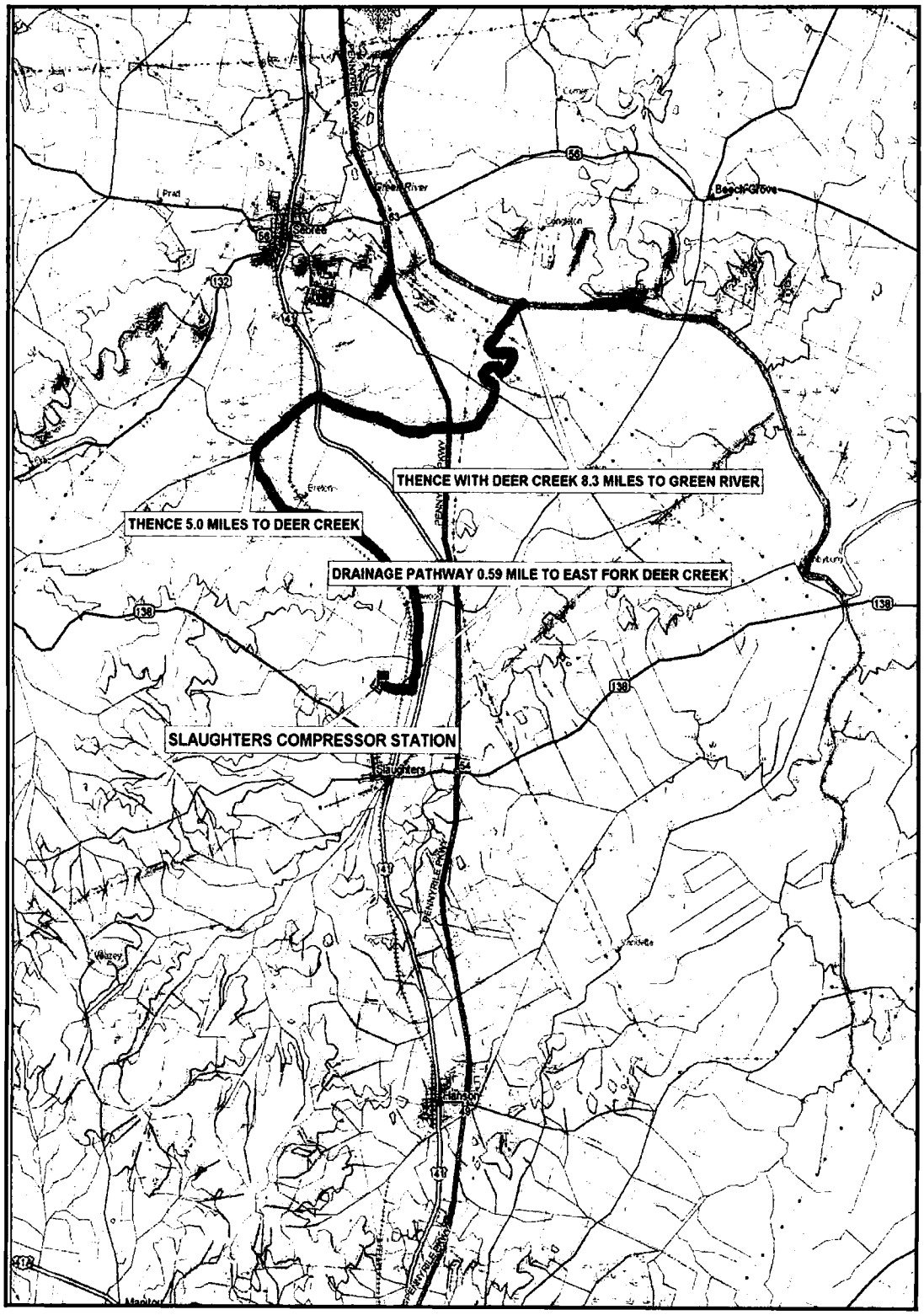
NOTE: The locations of these activities are shown on the attached site map.

Revised 04/02/04



REVISED 1-26-01 MJJ

SITE MAP
Texas Gas Transmission, LLC
Slaughters Compressor Station
KPDES No. KY0074403



Texas Gas Transmission, LLC
Slaughters Compressor Station
KPDES No. KY0074403

Site Location and Area Drainage Map

CONFIDENCE 10 C

MSDS ID: 00935

I. CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

Product Name: CONFIDENCE 10C
Product Descriptor: BOILER TREATMENT
MANUFACTURER: JOHNSONDIVERSEY, INC.
3630 E. KEMPER ROAD
CINCINNATI, OH. 45241

EMERGENCY PHONE NUMBER: (800) 851-7145

II. HAZARDOUS COMPONENTS

Component Name	CAS Number	%	Exposure Limits	Units
DIETHYLAMINO ETHANOL	100-37-8	1 - 5%	TWA 10 (skin)	PPM
POTASSIUM HYDROXIDE	1310-58-3	5 - 15%	TWA - C 2	MG/M3
SODIUM HYDROXIDE	1310-73-2	1 - 5%	TLV-C 2	MG/M3

III. HAZARDS IDENTIFICATION

EMERGENCY OVERVIEW:
CORROSIVE - Contains strong alkali. Causes severe burn to skin and eyes. May be fatal if swallowed. Do not contact eyes, skin or clothing. Wear goggles, face shield, rubber gloves, and protective clothing and boots when handling product. Avoid breathing dust or spray mist. Contain spill or runoff, which may cause environmental damage. Contact with aluminum or soft metals may release flammable hydrogen fumes.
POSSIBLE ROUTES OF ENTRY: All Routes of Entry/Exposure

SIGNS AND SYMPTOMS OF OVEREXPOSURE
ACUTE: EYES: Severe burns, tissue damage, or irritation with pain, swelling, blurred or impaired vision, blindness. SKIN: Severe burns, tissue destruction, blisters or rash with swelling and pain. INGESTION: May be fatal. Severe burns to mouth and throat may result with pain, gastric perforation and difficulty in swallowing or breathing. INHALATION: Spray or mists cause burns or severe irritation to nose, throat and respiratory tract with pain, choking, and experience difficulty in breathing.
CHRONIC: Same as acute effects.
MEDICAL CONDITIONS GENERALLY AGGRAVATED BY EXPOSURE: Dermatitis, sensitive skin, pulmonary function and asthma.
TARGET ORGAN(S) OF CHEMICAL HAZARD(S): Eyes, skin, respiratory tract, and gastrointestinal tract.

IV. FIRST AID MEASURES

EYES: Immediately flush eyes with plenty of water for at least 15 minutes. Hold eyelids apart to completely flush all chemicals from entire eye surface. Get immediate medical attention.
SKIN: Flush thoroughly with plenty of water. Wash with mild soap and water. Remove contaminated clothes and shoes and clean before

IV. FIRST AID MEASURES (Cont.)

reuse. Get medical attention for any painful, red or injured skin.

INGESTION: If swallowed, rinse mouth with water. Dilute by drinking several glasses of water. DO NOT induce vomiting. If patient vomits, rerinse mouth. Get immediate medical attention. NOTE: Never give fluids by mouth to an unconscious person.

INHALATION: If inhaled, move to fresh air. If patient is not breathing, give artificial respiration. If breathing is difficult, give oxygen under the direction of trained personnel or a physician. Get immediate medical attention.

V. FIRE FIGHTING MEASURES

FLASH POINT (degrees F): NONE FLAME EXTENSION: N/A
FLAMMABLE LIMITS IN AIR BY VOLUME: LEL: NONE UEL: NONE
UNUSUAL FIRE OR EXPLOSIVE HAZARDS: Toxic fumes or vapor may form during fire.
EXTINGUISHING MEDIA: Water, water spray, CO2, foam or dry powder.
FIRE FIGHTING INSTRUCTIONS: Wear full protective gear and positive pressure breathing apparatus SCBA) in fire area.
SPECIAL INSTRUCTIONS: Spilled product may cause slippery surface and fall hazard.

VI. ACCIDENIAL RELEASE MEASURES

IF MATERIAL IS RELEASED OR SPILLED:
Confine spilled product to prevent environmental contamination Keep out of storm sewers or surface waters. Small amount should be swept or mopped up and used for related cleaning tasks where possible. Larger amounts should be absorbed on vermiculite, clay, etc., and disposed in accordance with local, State and Federal regulations.
This product does not contain a reportable quantity (RQ) under CERCLA.

VII. HANDLING AND STORAGE

HANDLING AND STORAGE PRECAUTIONS: Store in a cool, dry area, keep away from acids. Keep container closed when not in use. Wear protective gear when handling or using. Do not pressurize container to empty.

VIII. EXPOSURE CONTROLS/PERSONAL PROTECTION

EYE/FACE PROTECTION: Face shields.
PROTECTIVE GLOVES: Alkali resistant.
RESPIRATORY PROTECTION: Product does not have any established exposure limits. NIOSH/MSHA approved respirator recommended in enclosed or confined spaces where high air concentration or long exposure may occur.
OTHER PROTECTIVE CLOTHING/EQUIPMENT: Wear chemical resistant apron when handling. Eyewash and safety shower in area if contact or splash hazard exists.
ENGINEERING CONTROLS:
VENTILATION: Good general ventilation should be sufficient to control airborne

VIII. EXPOSURE CONTROLS/PERSONAL PROTECTION (Cont.

levels.

IX. PHYSICAL AND CHEMICAL PROPERTIES

APPEARANCE AND ODOR: Amber liquid, mild amine odor.

BOILING POINT (DEG F): 215 FREEZING POINT: [illegible]D C
SPECIFIC GRAVITY/BULK DENSITY: 1.18
pH: 14.01 pH 1% SOLUTION: 12
VOLATILE BY VOLUME: 81.13
SOLUBILITY IN WATER: Soluble
VAPOR PRESSURE(mmHg): 17.5 at 20 C VAPOR DENSITY: 17.3

X. STABILITY AND REACTIVITY

CHEMICAL STABILITY: Product stable.
INCOMPATIBILITY WITH OTHER MATERIALS: Acids; Oxidizing agents
HAZARDOUS DECOMPOSITION PRODUCTS: Incomplete combustion forms; oxides of carbon; oxides of sulfur; oxides of nitrogen
HAZARDOUS POLYMERIZATION: None known.

XI. TOXICOLOGICAL INFORMATION

TOXICOLOGICAL TESTING: Toxicological testing has not been performed on the product. Listed below is the available toxicology test data for components of the product.

TOXICITY TEST DATA:
Sodium Hydroxide:
Acute Oral LD50 (rat) 500 mg/kg (RTECS)
Acute Skin LD50 (rabbit) 1350 mg/kg (MSI)
Potassium Hydroxide:
Acute Oral LD50 (rat) - 365 mg/kg (RTECS)
Acute Skin LD50 (rabbit) - 1260 mg/kg (MSI
Diethylamino ethanol:

Intraperitoneal LD50	(rat)	1220 mg/kg
Dermal LD50	(rabbit)	1260 mg/kg
Dermal LD50	(Guinea pig)	1000 mg/kg
Oral LD50	(rat)	1300 mg/kg
Intraperitoneal LD50	(mouse)	1561 mg/kg
Intramuscular LD50	(mouse)	416 mg/kg
Subcutaneous LD50	(mouse)	308 mg/kg

XII. ECOLOGICAL INFORMATION

Toxicological testing has not been performed on the product. Listed below is the available toxicology test data for components of the product.
ECOTOXICITY TEST DATA:
Potassium Hydroxide:
Acute LC50 (96 hr.) (Pimephles promelas) - 179 mg/l
Acute LC50 (96 hr.) (Daphnia magna) - 60 mg/l

XII. ECOLOGICAL INFORMATION (Cont.)

Diethylamino Ethanol:
LC50 (96 hr) (Pimephales promelas) 1780 mg/l
ENVIRONMENTAL FATE: No data available.

XIII. DISPOSAL CONSIDERATIONS

RCRA REGULATED: CONCENTRATED PRODUCT WOULD BE CONSIDERED D002 - CORROSIVE, IF DECLARED HAZARDOUS WASTE.
Spent or excess product is hazardous waste. Do not discharge to sewer or environment. Arrange disposal through a licensed disposal company or treat by special Waste Disposal Sheet. Recycle or dispose of containers by product labeling or governmental regulations.

XIV. TRANSPORT INFORMATION

Please refer to the Bill of Lading/receiving documents for up to date shipping information.

XV. REGULATORY INFORMATION

U.S. Federal Regulations:
TSCA: All ingredients in this product are on TSCA inventory.
HAPS: NONE
VOC CONTENT (EPA Method 24A): % VOC: 2.67 Lb/Gal VOC: 0.25
CERCLA/EPCRA:
Section 313 Toxic Chemicals:
NONE
SARA Section 311/312:
ACUTE:YES CHRONIC:NO FIRE:NO REACTIVITY:NO
SUDDEN RELEASE OF PRESSURE:NO
LISTED CARCINOGEN: NONE
NTP: NO IARC: NO OSHA: NO
HMIS RATINGS: HEALTH: 3 FIRE: 0 REACTIVITY: 0
PERSONAL PROTECTIVE EQUIPMENT: D
NFPA RATING: HEALTH: 3 FIRE: 0 REACTIVITY:0 SPECIAL ALKALINE
STATE RIGHT-TO-KNOW INFORMATION:
POTASSIUM HYDROXIDE - CAS #1310-58-3
SODIUM HYDROXIDE - CAS #1310-73-2
WATER - CAS #7732-18-5
SODIUM SULFITE - CAS #7757-83-7
DIETHYLAMINO ETHANOL - CAS #100-37-8
CALIFORNIA PROPOSITION 65:
None of the ingredients are on the California proposition 65 list.

XVI. OTHER INFORMATION

Disclaimer: The information contained in this material safety data sheet is based on the knowledge of this specific product and current national legislation. It applies to the product as sold, use dilutions may be less hazardous. It may not be valid for this material if used in combination with any other

XVI. OTHER INFORMATION (Cont.)

materials or in a process. It is the user's responsibility to evaluate the handling, and use.